

Urinary Tract Pathogens - % Susceptible

Organism	Number of Isolates	Amox clavulanic	Ampicillin	Cefazolin (1)	Ceftazidime	Ceftriaxone	Ciprofloxacin	Gentamicin	Meropenem	Nitrofurantoin	Trimethoprim-Sulfamethoxazole
E. coli ^	571	83	43	73		76	44	89	100	90	66
Enterococcus species ^^^^	234										
Klebsiella pneumoniae *	137	100		94		94	96	96	100	32	95
Proteus mirabilis +	77	99	78	100		100	83	90	100		78
Group B Streptococcus ^^	61										
Pseudomonas aeruginosa	42				93		81	95			

Organism Notes:

* Includes ESBL and AMPC isolates (4.4% of total Klebsiella pneumoniae isolates identified).

^ Includes ESBL and AMPC isolates (24.0% of total E.coli isolates identified). In Ontario, E.coli is found to be 99.5% susceptible to Fosfomycin.

^^ This isolate is predictably susceptible to Penicillin.

^^^ Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against Enterococcus species. Enterococcus isolates recovered from urine are generally susceptible to amoxicillin and nitrofurantoin.

+ Includes ESBL and AMPC isolates (0.0% of total Proteus mirabilis isolates identified).

Antibiotic Notes:

(1) Cefazolin interpretation predicts results for Cephalexin (Keflex) in accordance with CLSI standards for urinary sites only (not systemic).

All Other Sources (Excluding Surveillance) - % Susceptible

Organism	Number of Isolates	Cefazolin	Ceftazidime	Ciprofloxacin	Clindamycin	Cloxacillin	Erythromycin	Gentamicin	Tetracycline (2)	Trimethoprim-Sulfamethoxazole
Staphylococcus aureus ^^^	200	73			53	73	51		100	100
Pseudomonas aeruginosa	48		96	92				94		
Group B Streptococcus ^^	38									

Organism Notes:

^^ This isolate is predictably susceptible to Penicillin.

^^^ Includes Methicillin Resistant S.aureus (MRSA). MRSA is resistant to all B-Lactams (penicillins, cephalosporins, B-lactam/B-lactamase inhibitor combinations, and carbapenems). MRSA constitutes 25.5% of total Staphylococcus aureus isolates identified.

Antibiotic Notes:

(2) Organisms that are susceptible to Tetracycline are also considered susceptible to Doxycycline.

General Notes:

Antibiogram results, patient risk factors for resistant organisms, and resistance epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.

Calculation of results based on first isolate per patient.

	90-100% of isolates are susceptible to the antibiotic indicated (GOOD CHOICE)
	21-89% of isolates are susceptible to the antibiotic indicated (INTERMEDIATE CHOICE)
	0-20% of isolates are susceptible to the antibiotic indicated (POOR CHOICE)
	Value based on < 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable. n = # of isolates tested.
	Antibiotic susceptibility testing is not typically performed on the organism.